

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/614,630
Filing Date	July 7, 2003
First Named Inventor	Robert Lawrence FAIR
Group Art Unit	2113
Examiner Name	Michael C. MASKULINSKI Fax: (571) 273-8300
Total No. of Pages in this Submission:	Attorney Docket Number EMCCOR P08AUSD1

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request (in Duplicate)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Part/s Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)<br><input type="checkbox"/> To Convert a Provisional Petition<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br><br>Postcard |
|--|---|---|

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Gary D. Clapp DAVIS BUJOLO & DANIELS, P.L.L.C.	Reg. No. 29,055 CUSTOMER NO. 020210
Signature		
Date	May 3, 2007	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 3, 2007.

Type or printed name	Gary D. Clapp
Signature	Date: May 3, 2007 (tac)

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**

Complete if Known

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/614,630  
July 7, 2003  
Robert Lawrence FAIR  
Michael C. MASKULINSKI  
2113

Attorney Docket No.

EMCCOR P08AUSD1

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$500

**METHOD OF PAYMENT (check all that apply)**

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
under 37 CFR 1.16 and 1.17

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**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims  
Fee (\$) Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)  
HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

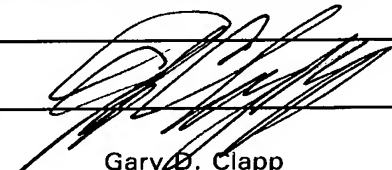
Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
(round up to a whole number) x

**4. OTHER FEE(S)**  
Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other (e.g., late filing surcharge): **Notice of Appeal** **\$500**

**SUBMITTED BY**

Signature



Telephone (603) 226-7490

Name  
(Print/Type)

Gary D. Clapp

Registration No.  
(Atty/Agent) 29,055

Date: May 3, 2007



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**NOTICE OF APPEAL FROM THE EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES**

Docket Number (Optional)

**EMCCOR P08AUDS1**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]  
on June 14, 2004

Signature

**Gary D. Clapp**

Typed or printed name

In re Application of

**Robert Lawrence FAIR**

Application Number

**10/614,630**

Filed

**July 7, 2003**

For

**A MULTIPLE HIERARICAL/PEER DOMAIN FILE SERVER  
WITH DOMAIN BASED, CROSS DOMAIN COOPERATIVE,  
FAULT HANDLING MECHANISMS**

Art Unit

**2113**

Examiner

**Michael C. MASKULINSKI**

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1) [1401]) ..... \$500

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced  
by half, and the resulting fee is ..... \$250

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

**I HAVE ENCLOSED A DUPLICATE COPY OF THIS SHEET.**

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment  
to Deposit Account No. 04-0213. **I HAVE ENCLOSED A DUPLICATE COPY OF THIS SHEET.**

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

**WARNING: Information on this form may become public. Credit card information should not  
be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest.

See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.  
(Form PTO/SB/96)

☒ attorney or agent of record.

Registration No. **29,055**

☐ attorney or agent acting under 37 CFR 1.34

Registration No. if acting under 37 CFR 1.34 **29,055**

signature

**Gary D. Clapp**

Typed or Printed name

(603) 226-7490

Telephone number

May 3, 2007

Customer No. **020210**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. § 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.